

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		4				
6		4				
7		4				
8	1					
9		1				
10		1				
11		2				
12		3				
13	1					
14		1				
15		1				
16		2				
17	1	4				
18		4				
19		4				
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	29					
TOTAL CLAIMS	32					

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

3
22
31